

Family Medical Leave Act Request Forms Packet

Instructions

Part 1: Employee Information (FMLA410)

Page 1 only of this form is to be completed by the employee.

**Part 2: Response Form for Employee Request for Family and Medical Leave
(FMLA412)**

This form is to be completed by the employee's supervisor.

Part 3: Family and Medical Leave Certification of Health Care Provider (FMLA411)

This form is to be completed by your physician before leave is approved.

Part 4: Definition of Serious Health Conditions (FMLA411 Attachment)

Contains information to assist employee's physician in completing the medical portion of Part 3.

Part 5: Return To Work Medical Certification Form (FMLA413)

This form is to be completed by your physician in order that you may return to work and should be submitted to your supervisor at the time of your return.

*****RETURN COMPLETED PACKET OF ABOVE FORMS TO YOUR SUPERVISOR*****